

## HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

P.O. Box 797

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Susan C. Kelly, R.S. Health Officer Yngvild Olsen, MD, MPH Deputy Health Officer

## 410-877-2305/410-879-2684 FAX 443-643-0333

## Fee Schedule for a Plan Review for a New Food Service Facility

Please make checks payable to HARFORD COUNTY

Section 1 \$200.00

- a. Restaurants which seat 60 or more individuals
- b. Retail markets with two or more of the following: delicatessen, bakery, meat section, fresh seafood section
- c. Other facilities which serve two or more meals a day

Group II \$150.00

- a. Restaurants which seat less than 60 individuals
- b. Facilities which serve carry-out food only
- c. Grocery and convenience stores not in Group I
- d. Other facilities which serve less than two meals per day
- e. Mobile facilities that operate more than 180 calendar days in a calendar year
- f. Facilities which maintain vending machines that vend open or hazardous food/beverages at more than one site with-in the facility

**Group III** \$100.00

- a. Mobile facilities that operate 180 calendar days or less in a calendar year
- b. Seasonal facilities
- c. Facilities which maintain vending machines that vend open or hazardous foods/beverages at a single site within the facility

Group IV Exempt

- a. Facilities which serve only beverages and prepackaged snacks and/or manufacture ice
- b. Temporary facilities operating for one day or one event

## **Group V** Churches, Volunteer Organizations, and Non-Profit Groups

**Exempt** 

- a. Licensed, open five days or more per week
- b. Non-licensed, open less than five days per week

Group VI \$200.00

Facilities which seat 60 or more individuals and engage in off-premises catering

Group VII \$150.00

Facilities which seat less than 60 individuals and engage in off-premises catering